Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4/27/07</u>	Address:	<u>3811</u>
Case #:	<u>45F46393</u>		CHAPEL LN
County:	FLOYD		NEW ALBANY
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
 ☑ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only) 		☑ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
Child under age 18 discovered (check one) Yes 0 (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agen		Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other: NEW ALBANY POLICE	
	ment: NEW CHAPEL	Fax: (812)	
Health Department: FLOYD COUNTY		Fax: 812.948.2208	
Child Protection Service: FLOYD COUNTY Fax: (812) 941-9590			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>RICK MAGILL</u> Phone (812) 246-5424			

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case life, and a copy sent to the Clandestine Laboratory Team Leader for retention.